Revision:	HCFA-PM-91-4 AUGUST 1991	(BPD)	ОМВ	No.:	0938-	
	State/Territo	ry: NEVADA				
Citation	7.4	State Governor's Revi	ew			
42 CFR 430	.12(b)	The Medicaid agency of Office of the Governo long-range program p periodic reports ther cal, budget and fisca be transmitted to the tration with such documents.	r to review State planning projection eon, excluding per l reports. Any con Elealth Care Fina	plan and and and and and and and and and a	mendments, d other statisti- made will	
		X Not applicable	. The Governor			
		X Does n	ot wish to review	any pla	an material	
			to review only the	-		
I hereby certify that I am authorized to submit this plan on behalf of						
Department of Human Resources						
(Designated Single State Agency)						
Date: March 19, 1993 Kry Jugenher (aller) KSignature)						
		Direc	tor, Department of (Title)	Human	Resources	

TN	No.	93-01		
Supersedes				
TN	No.	92-5		